

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h</i>		
O.I.P.E. CLASSIFIER		<i>43</i>	<i>9/13/01</i>
FORMALITY REVIEW	<i>h</i>	<i>(12)</i>	<i>10/4/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*DC 8/6*  
*10/04/01*